

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49995** (6)  
1. Corporation Name  
**HEADWAY PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: 4700 N. STATE ROAD 7, SUITE 101 FORT LAUDERDALE FL 33319  
Mailing Address: 4700 N. STATE ROAD 7, SUITE 101 FORT LAUDERDALE FL 33319

3. Date Incorporated or Qualified: **07/20/1992**  
3a. Date of Last Report: **01/18/1995**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent  
**KORTHALS, JOHN L ESQUIRE**  
**1401 EAST ATLANTIC BOULEVARD**  
**POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ADLER, AHARON	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	4700 N STATE RD 7 SUITE 101		1.2 NAME
STREET ADDRESS	FORT LAUDERDALE FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	SD GUIZZETTI, DANIEL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	9090 YONGE ST		2.2 NAME
STREET ADDRESS	RICHMOND HILL, ONTARIO		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD GUIZZETTI, ANDY	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	4700 NO STATE RD 7		3.2 NAME
STREET ADDRESS	FT LAUDERDALE FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD GUIZZETTI, DANIEL 9104 Yonge Street Richmond Hill, Ontario L4C 6Z9
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD GUIZZETTI, ANDY 4700 NO STATE RD 7 FT LAUDERDALE FL
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD GUIZZETTI, ANDREW 9104 Yonge Street Richmond Hill, Ontario L4C 6Z9
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT  
TREASURER  
1/31/96 305-486-8325  
DATE DAYTIME PHONE #

CR2E037 (12/95)